

**State of Minnesota**

County

**District Court**

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

In the Matter of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner's Name and Address

vs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent's Name and Address

**Notice to County Support  
and Collections**

Minn. Stat. § 518A.44

To: \_\_\_\_\_ PRISM No. (if known) \_\_\_\_\_  
(Write your Support and Collections worker's name)

1. You are hereby notified that the Petitioner has commenced the above-entitled action against the Respondent and that this Notice is given as required by Minnesota Statute § 518A.44.

☐ Petitioner ☐ Respondent is a recipient of or is applying for (*check all that apply*):

☐ MFIP ☐ Medical Assistance / MinnesotaCare ☐ IV-E Foster Care

☐ Child Care Assistance ☐ Tribal TANF

2. Petitioner's birth date is: \_\_\_\_\_.

3. Respondent's birth date is: \_\_\_\_\_.

4. Petitioner's and Respondent's social security numbers are on the attached document: "Form 11.1: Confidential Information." (Note: Attach Form 11.1 only to copy delivered to Support and Collections. Do not attach Form 11.1 to copy filed in the Court file.)

\_\_\_\_\_  
Signature of Petitioner

( )

\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
E-mail address